

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

Jees OK-EG 8.7.06 For Ecology Use Fee Paid Date 8/

	LICANI -	FERSU	N, UKGAI	NIZATION, O	K WAI		OTEM :
NameGeorge W W	ilson			Home Tel:(_509_)_7	633445	5
Mailing Address154	140 Cedar Brae	Road		Work Tel:	_509_)_7	63 344	5
City_Leavenworth	State	_WA zip	+498826	3725 FAX:(509)_763 1	063	
Section 2. CON Same as above			TO CALL		APPL	ICATIO	ON
Name				Home Tel	:()_		
Mailing Address				Work Tel:	()_		
City	Sta	ateZ	ip+4	+ FAX	:()_		
Relationship to applica	ant					-	
Section 3. STA	TEMENT (OF INT	ENT				
From	annual quantity ter use is propo	to be used sed for a sh	in acre-feet p	er year:one-half	of one ac	re-foot ne that the	water will be neede
Section 4. WAT				If GROUNDWA			
Name the water sour lake, etc. If unnamed stream," etc.: Lake W	ce and indicate l, write "unnam		1 0	A permit is desired		w	ell(s).
Number of diversion	s: _1						
	ame of body of	water):		Size & depth of we	ell(s):		
Source flows into (na Wenatchee River			- 11				
Source flows into (na Wenatchee River LOCATION							
Wenatchee River							val to the nearest
Wenatchee River LOCATION Enter the north-sou					r of Secti	on 29	val to the nearest rce is platted, complete below:
Wenatchee River LOCATION Enter the north-sou section corner: 150 4 of 4 of 4 of	0 feet North a	and 3000 f	Range(E/W)	County	r of Secti	on 29	rce is platted, complete below:
Wenatchee River LOCATION Enter the north-sou section corner: 150	0 feet North a	and 3000 f	eet East of th	ne Southeast corne	r of Secti	on 29	rce is platted, complete below:

Appl. No.: 54-35099

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named:	
B.	Briefly describe your proposed water system. (See instructions.)	
	My primary source of water for domestic household use is a spring for which I have an exist I do not wish to jeopardize that existing water right in any way by this application for a Star water right to draw water from Lake Wenatchee only when my primary source fails. That he only once in 30 years. If this Standy/Reserve water right is granted water will be drawn only from the lake by a small submersible pump and connected by garden hose directly into my laystem.	ndby/Reserve as happened ly temporarily
	If this application jeopardizes or would restrict in any way my existing water right please terminate your review of this application immediately and consider it withdrawn.	
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	YES - NO
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORM ompleted for all domestic/public supply uses.)	MATION
A.	Number of "connections" requested:1 Type of connection	
3.	Home (Homes, Apartmeter you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems County Health Department.	ent, Recreational, etc. YES No are identified by your
Con	plete C. and D. only if the proposed water system will have fifteen or more	connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version.	☐ YES ☐ NO n of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved versio	☐ YES ☐ NO n of your plan.
	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	
۸.	Total number of acres to be irrigated:N/A	
3.	List total number of acres for other specified agricultural uses:	
	UseAcres	
	UseAcres	
	UseAcres	
C.	Total number of acres to be covered by this application:	
Э.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapte Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	er 237, Laws of 2001)
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: 	☐ YES ☐ NO☐ YES ☐ NO
€.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle Dairy - # Milking # Non-milking	e, see below)

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site 3From Leavenworth, Washington: Proceed 15 miles North/West on US Highway 2 to Coles Corner. Turn right (North) on SR 207. Drive 3.5 miles. Turn left (West) on Cedar Brae Road. Drive ½ mile, turn left again on Cedar Brae. Proceed 1.3 miles to Wilson home on right at 15440 Cedar Brae.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Landowner for place of use (if same as applicant, write "same")

Sec	tion 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will so, explain the applicant's interest in the place of use		YES □ NO and address(es) of the owner(s):
В.	Does the applicant own the land on which the water so If no, submit a copy of agreement:	urce is located?	□ YES ★ NO
	The water source is a large, state-owned lake.	*.	
to pro monit emplo	ify that the information above is true and accurate to ocess my application, I grant staff from the Departmentoring purposes. Even though I may have been assisted by ees of the Department of Ecology, all responsibility	nt of Ecology access to the ed in the preparation of the	site for inspection and above application by the
	George W. Wilsoncant (or authorized representative)		

Date

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information reque	ested above and return your ap (date).	pplication by
Please provide the additional information reque	-	pplication by

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)

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or (360) 407-6006 (TDD).

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.